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## \*BIBDATASHEET\*

CONFIRMATION NO. 9977

Bib Data Sheet

SERIAL NUMBER 09/918,391	FILING DATE 07/30/2001  RULE	CLASS 375	GROUP ART UNIT 2637	ATTORNEY DOCKET NO. Benning 16-13-10-18
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\*\* CONTINUING DATA \*\*\*\*\* *NONE*\*\* FOREIGN APPLICATIONS \*\*\*\*\* *NONE*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 08/23/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NJ	SHEETS DRAWING 3	TOTAL CLAIMS 36	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>llw</i> Initials				

## ADDRESS

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## TITLE

Space time spreading and phase sweep transmit diversity

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing )
		<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )